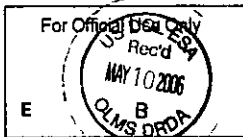


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11043	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Joseph B Powell P.O. Box, Bldg., Room No., if any Street 1874 Tavern Ct. City Alpine State California ZIP Code + 4 91901	4. Name, file number, and address of labor organization. Name Sheet Metal Workers Int. Local 206 Labor Organization File Number 026-049 P.O. Box, Building and Room Number, if any Street 4594 Mission Gorge Pl. City San Diego State California ZIP Code + 4 92120
5. Position in labor organization. Business Manager/Financial Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 4/4/06 Date	619-659-2178 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sheet Metal JATC of San Diego

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4596 Mission Gorge Pl.

City San Diego

State California ZIP Code + 4 92120

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Sheet Metal JATC of San Diego

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4596 Mission Gorge Pl.

City San Diego

State California ZIP Code + 4 92120

11.a. Nature of such dealing.

Apprenticeship Regional contest and educational planing.

11.b. Approximate dollar value of such dealing.

\$357

12.a. Nature of interest hold or income received.

Income received was a direct reimbursement for expenses ocured. Therefor their was no income.

12.b. Amount.

\$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Training Institute
Trade Name, if any: ITI
P.O. Box, Bldg., Room No., if any
Street 601 N. Fairfax St. Suite 240
City Alexandria
State Virginia ZIP Code + 4 22314

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Training Institute
Trade Name, if any: ITI
P.O. Box, Bldg., Room No., if any
Street 601 N. Fairfax St. Suite 240
City Alexandria
State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Educational studies for teaching apprenticeship classes.
Including: Tuition, Lodging, and per Diem.

11.b. Approximate dollar value of such dealing.

\$4,694,

12.a. Nature of interest held or income received.

Per Diem paid was for meals, taxi, ect. which is included in the above amount.

12.b. Amount.

\$643

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Energy Management Institute

Trade Name, if any: NEMI

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax St. Suite 250

City Alexandria

State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Task force to resreach Indoor Air Quality for schools. Airfare to meeting

11.b. Approximate dollar value of such dealing.

\$1,272

12.a. Nature of interest held or income received.

Per Diem paid was for meals, taxi, ect. which is included in the above amount. Along with a consulting fee.

12.b. Amount.

\$750